

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747359 (8)**

1. Corporation Name  
**VENTURA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**ATTN: NANCY LVEGES, PROPERTY MANAGER  
2301 SOUTH OCEAN BLVD., UNIT #A-2  
BOCA RATON FL 33432**

Mailing Address  
**C/O TRICOM MGMT, INC.  
1300 N KELLOGG DR, SUITE 8  
ANAHEIM CA 92807  
US**

3. Date Incorporated or Qualified **05/24/1979** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26** *90 TRICOM MANAGEMENT INC*  
Suite, Apt. #, etc.  
**27** *1300 N. KELLOGG DR, STE B*  
City & State  
**28** *ANAHEIM CA*  
Zip  
**29** *92807* Country  
**30**

4. FEI Number **59-2171973** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WEBB, ROBERT  
BAKER & HOSTETLER  
200 S. ORANGE AVENUE, SUITE 2300  
SUN BANK FL 32801**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, GERALD</b>	
STREET ADDRESS	<b>550 CONVERSE</b>	
CITY - ST - ZIP	<b>CLAIRMONT CA 91711</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROZEN, NEIL</b>	
STREET ADDRESS	<b>719 W MINNEHAHA PKWY</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTON, DAVID</b>	
STREET ADDRESS	<b>8907 ROYAL OAK DR.</b>	
CITY - ST - ZIP	<b>LOUISVILLE KY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Davis* **3-25-96**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)